

Carlsbad Housing Agency
CHANGE REPORT FORM

DIRECTIONS: 1) Report all changes within 15 days of its occurrence; 2) Fill out this form; 3) ATTACH DOCUMENTATION OF CHANGE.

(A) CASE INFORMATION: Write below the Head of Household's Information.			
HEAD OF HOUSEHOLD FIRST NAME		LAST NAME	HOUSING SPECIALIST <input type="checkbox"/> Cathy Gary <input type="checkbox"/> Rebeca Vazquez
STREET ADDRESS		APT #	
City CARLSBAD CA	ZIP CODE	PHONE/MESSAGE NUMBER(S)	

Please complete only the sections that apply to you.

(B) INCOME CHANGES: List below the information for each person with a change of income. <i>ATTACH CHECK STUBS, AWARD LETTERS, EMPLOYER LETTERS, NOTICES, ETC. for all income changes.</i>					
LAST NAME	FIRST NAME	DATE CHANGED	NEW AMOUNT \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	OLD AMOUNT \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	CIRCLE ONE: New job, raise, layoff, Calworks, SSI, Social Security, Unemployment, Disability, other
LAST NAME	FIRST NAME	DATE CHANGED	NEW AMOUNT \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	OLD AMOUNT \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	CIRCLE ONE: New job, raise, layoff, Calworks, SSI, Social Security, Unemployment, Disability, other

(C) FAMILY CHANGES: List the person you are requesting to be <u>REMOVED</u> or <u>ADDED</u> to the household. Use an additional CHANGE REPORT FORM if adding or removing more than one person.						
REMOVE PERSON:	LAST NAME	FIRST NAME	BIRTHDATE	SOCIAL SEC. #	RELATIONSHIP	MOVE OUT DATE
ADD PERSON:	LAST NAME	FIRST NAME	BIRTHDATE	SOCIAL SEC. #	RELATIONSHIP	INCOME
<i>Please remember if requesting to add a person: 1) You must have the Housing Agency and owner's approval before the person moves into the household. 2) Attach a statement indicating why you want this person added. 3) Attach copies of picture I.D., birth certificate, Soc. Sec. card, proof of income.</i>						

(D)	OTHER CHANGES YOU WISH TO REPORT:

I/We certify that the information given to the Carlsbad Housing Agency on household composition, income, net family assets, allowances and deductions are true and complete. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Agency in writing within 15 days of its occurrence.

Signature of Head of Household	Date
Signature of Spouse or Other Adult in Household	Date

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States.

☐ MAILED CONFIRMATION NOTICE/DATE: _____ STATING: ☐ NO CHANGE ☐ APPOINTMENT MADE

OFFICE USE ONLY CONFIRMATION NOTICE	
Dear: _____:	
<input type="checkbox"/> Additional information is needed to process your change/request. An appointment has been scheduled in our office. Date: _____ Time: _____.	
<input type="checkbox"/> Bring with you: _____.	
<input type="checkbox"/> There will be no change in your share of rent at this time. Continue to report future changes within 15 days of its occurrence.	
HOUSING SPECIALIST	DATE